

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	JOHNAS Ortiz	COURT CASE NUMBER	206
DEFENDANT	DELAWARE DEPT. of HEALTH & SOCIAL SERVICES, Director	Cv. No.	06-206-SLR
SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	DIRECTOR, DELAWARE DEPT. of HEALTH & SOCIAL SERVICES		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
1901 N. DuPont Hwy, NEW CASTLE, DE 19920			

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
JOHNAS Ortiz SBI # 305401 1301 E. 12th St. Wilmington, DE 19809		Number of parties to be served in this case	1
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

DHSS Administrative Bldg.
Main Campus

BUSINESS Hrs: 8a-4:30p

FOLD
DEC - 5 AM 9
DISTRICT OF DELAWARE

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

6

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk BF	Date 10-5-06
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

PAMELA GRIMES, Executive Secretary

Address (complete only if different than shown above)

SAME

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

1:00 am

12-1-06

Signature of U.S. Marshal or Deputy

RD TH, CDUSM

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

* NO DIRECTOR; however, "CABINET SECRETARY
VINCENT Meconi"

7 miles RT